



Canadian Mental Health Association
Champlain East
Mental health for all

Association canadienne pour la santé mentale
Champlain Est
La santé mentale pour tous

Category: Branch Programs

Approved date: Dec 2, 2019 (JLM)

Revision date: RBG June 27, 2018 / Nov. 28, 2019

Next review date: March 2024

Client complaint form

Date: _____

Name: _____

Remain Anonymous

Issue: _____

Describe Situation:

Where did the situation occur?

People involved, including witness(es): _____

Did you talk about this issue with the person involved? Yes: ____ No: ____

If yes, what was the outcome?

What is the outcome you would like to see?

Best way to contact you:

Home telephone number: _____ Cell number: _____

E-mail address: _____

Home address: _____

Do you have additional comments at this time? _____

You have the following options to submit your Complaint Form: Bring in person, fax, mail or email to:

CMHA Main Office
329 Pitt St.
Cornwall, ON K6J 3R1

CMHA Hawkesbury Office
444 McGill St., Suite 101
Hawkesbury, ON K6A 1R2

Fax: 613-936-2323

Email: office@cmha-east.on.ca

Please call if you require any assistance in completing this form. The Branch will provide or arrange for the provision of accessible formats and communication supports upon request. Any of the employees at the Branch will be happy to help.
Phone: 613-933-5845 or toll free at 1-800-493-8271
